

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08522 (7)
1. Corporation Name

KIWANIS CLUB OF BRADENTON-SUNRISE, INC.



Principal Place of Business Mailing Address
C/O SUNRISE KIWANIS C/O SUNRISE KIWANIS
P O BOX 1897 P O BOX 1897
BRADENTON FL 34206 BRADENTON FL 34206

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified

04/04/1985

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERGE, ROGER
4913 29TH AVE DR W
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|--|--|---|----|--|-----------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE | | 1.1 TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GOODSON, DANIEL | | | 1.2 NAME | | | |
| STREET ADDRESS | 611 18TH ST W | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROBERGE, ROGER | | | 2.2 NAME | | | |
| STREET ADDRESS | 4913 29TH AVE DR W | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HATCHER, BEN | | | 3.2 NAME | | | |
| STREET ADDRESS | 7702 16TH AVE., N.W. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL 34209 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | INGRAM, MIKE | | | 4.2 NAME | | | |
| STREET ADDRESS | 1508 4TH ST. W. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PALMETTO FL 34221 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BUNNELL, DORIS | | | 5.2 NAME | | | |
| STREET ADDRESS | 608 15TH ST. W. | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 6.1 TITLE | SD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | VAN BERKEL, JOHN | | | 6.2 NAME | | | |
| STREET ADDRESS | 1001 COLUMBIA DRIVE | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL 34209 | | | 6.4 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roger Roberge* 941-797-2491
March 20 1998

CP2E037 (10/97)